

HIV-STD Prevention Counseling - Counselor Evaluation Form



Dear Supervisor/Trainer,

Your subordinate has completed the CDC-developed course "Fundamentals of HIV-STD Prevention Counseling". To validate these new skills, provide helpful feedback, and ensure quality in this task, we encourage you to observe a counseling session. Use this form (and the Prevention Counseling *Desktop Assistant* found in their Student Manual) to conduct and document your evaluation.

When you are satisfied the counselor has demonstrated competence, sign and send the form to NEHC-HP-SHARP. Your subordinate will receive a SHARP lapel pin as certification of their skills. We also encourage periodic supervisory evaluations to ensure continuous improvement and quality, as recommended by the CDC (MMWR 50;RR-19;page 7; 9 Nov 01).

Supervisor/Trainer name and command:		Counselor name and mailing address:			
Date:		Supervisor/Trainer signature:			
<i>Did the counselor adhere to the 3 counseling concepts?</i>	yes	no	<i>Did the counselor positively demonstrate the 4 counseling skills?</i>	yes	no
- Focus on Feelings			- Open-ending Questions		
- Manage Discomfort			- Attending		
- Set Boundaries			- Offer Options/Not Directives		
			- Give Information Simply		
<i>Did the Counselor cover the 6 steps?</i>				yes	no
- Introduce and Orient		(Did the counselor cover his/her name, duration and scope of the session, and begin to establish rapport?)			
- Identify Risk Behavior. <i>What risk behaviors were identified?</i> <i>What were the circumstances?</i>		(Listen for unprotected vaginal, oral, or anal intercourse or needle sharing) (Did the counselor learn where, when, under what conditions, and with whom the client engaged in risky behavior?)			
- Identify Safer Goal Behavior. <i>What Safer Goal Behaviors were offered?</i> <i>Which did the client want to try?</i>		(Did the counselor discuss all of the <u>appropriate</u> "safer goal behavior" options listed on the <i>Desktop Assistant</i> ?) (Did the client understand their safer goal behavior options and choose one or more they want to try?)			
- Develop Action Plan. <i>Barriers identified?</i> <i>Benefits identified?</i> <i>What action steps were agreed to?</i>		(Did the counselor learn what would be <u>difficult</u> about the safer goal behavior for the client?) (Did the counselor learn what <u>benefits</u> the client perceives in the safer goal behavior?) (Did the counselor elicit and support a definite incremental <u>step</u> the client wants to make toward the safer goal behavior?)			
- Make Effective Referrals		(Did the counselor offer appropriate referrals and encourage the client to return a follow-up discussion of their progress?)			
- Summarize and Close		(Did the counselor restate the main points, action steps and referrals agreed to? Did the counselor close with a question or statement that affirms the client's intentions?)			